

VOLUNTEER AGREEMENT

Name: _____ **Date:** _____

Phone number: _____ **Email:** _____

Home address: _____

This will serve as a Volunteer Agreement (“Agreement”) between the volunteer applicant and the Blue Zones Project®, regarding my volunteer commitment. In exchange for the privilege of participating in Blue Zones Project as a volunteer, I understand and agree to the following terms:

Volunteer’s Responsibility

I understand my volunteer responsibilities shall include, but not be limited to, the following:

- Assisting staff in necessary tasks as assigned
- Show up to shift on time with appropriate clothing depending on assignment (e.g., t-shirt, close-toed shoes for events, business casual for office work)

Blue Zones Project’s Responsibility

I understand Blue Zones Project’s responsibilities shall include, but not be limited to, the following:

- Provide necessary supplies in order to carry out volunteer work
- Supply Blue Zones Project staff person during shifts at all times to provide direction and assistance to carry out volunteer tasks
- Ensure access to restroom facilities, first aid kits, and water as needed

Volunteer Status

I understand that my volunteer status with Blue Zones Project is “at will” and that Blue Zones Project or I may terminate my volunteer status with Blue Zones Project at any time for any reason.

Confidentiality and Confidential Information

Blue Zones Project values the confidentiality of participants as appropriate, business operations, employees and overall dealings of the Blue Zones Project initiative. Blue Zones Project is legally and morally obligated to ensure the protection of those parties. Confidential information includes, but is not limited to, such things as participant personal information, personnel files, financial and marketing data, expert materials, compensation data, addresses, phone numbers, medical history data and trade secrets. There is an expectation that all confidential information will maintained as confidential.

If I am the recipient of such confidential information, I understand that any unauthorized release by me or carelessness in the handling of this confidential information by me is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Liability

I understand that I must carry automobile liability insurance for any driving that I do related to my volunteer assignment(s). By signing this Agreement, I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in the volunteer program and hereby fully release Blue Zones, LLC and Blue Zones Project from any and all liability or damages for claims I may have relating to my work as a volunteer.

Photo Release Authorization

By signing this Agreement, I hereby authorize Blue Zones Project to use my (or my son/daughter's) image in its publications, including but not limited to brochures, flyers, the website, and audiovisual presentations. I understand that this image may be disseminated to print or broadcast news media to publicize services and programs of Blue Zones Project and may appear in local, regional, or national publications. I understand that my image becomes the property of Blue Zones Project and I waive all rights/privileges associated with this image.

I hereby release Blue Zones Project from any liability that may result from the use of my (son/daughter's) image as part of publicity efforts by Blue Zones Project.

Volunteers Under 18 Years of Age*

If I am between the ages of 14-17:

- I must obtain parent/legal guardian consent and submit this Agreement with a parent signature, prior to my participation as a volunteer
- A parent does not have to be present with me to volunteer

*For youth volunteers under the age of 18, parental signature and consent is required.

If I am under the age of 14:

- I must obtain parent/legal guardian consent and submit this Agreement with a parent/legal guardian signature, prior to my participation as a volunteer
- A parent or trusted adult must be present to supervise me during volunteer shift

I have read and understand all terms of the responsibilities, policies, and practices described in the Blue Zones Project Volunteer Agreement.

Signature: _____ Date: _____

For youth volunteers under the age of 18, parental consent is required.

Parent/Legal Guardian Signature: _____ Date: _____